

**APRIL 1st, 2021**

**Case: 16-02182**

U.S. Bankruptcy Court  
Eastern District of Washington  
PO Box 2164  
Spokane, WA 99201

RE: Manuel S. Ybanez -Ch 13- 16-02182  
Application for unclaimed funds  
Unclaimed Funds- \$51,870.00

My name is Shadi Ghaith and I am the owner of Shadi Ghaith Inc in the state of Delaware and I am the successor claimant for the above-mentioned matter. I am enclosing to you the following documents and supporting items:

- **Application for payment of unclaimed funds**
- **Statement of Authority**
- **Assignment & Limited Power of Attorney Agreement**
- **Affidavit of Authenticating a Photo ID**
- **Proposed Order**
- **Claimant supporting legal proof Documents**

I am kindly asking you review this application for processing and please let me know if any additional documents are needed.

Regards,  
Shadi Ghaith W/  
**SHADI GHAITH INC.**



Signature

By: Shadi Ghaith/Owner

Cell: (347)-768-1752

Email: Viralbeastmedia@gmail.com

Enclosures

CC: U.S. Attorney For Eastern District of Washington

**Fill in this information to identify the case:**

Debtor 1 Manuel Ybanez  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington  
(State)

Case number: 16-02182

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$ 51,870.00

Claimant's Name: SHADI GHAITH INC as assignee for Manuel Ybanez

Claimant's Current Mailing Address, Telephone Number, and Email Address: 2 BLUE SLIP APT 25C  
BROOKLYN, N.Y. 11222  
(347)-768-1752  
Viralbeastmedia@gmail.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**



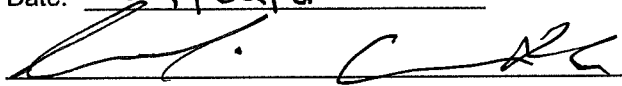
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Eastern District of Washington  
920 W Riverside Ave. #300  
Spokane, WA 99201

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 04/02/21

  
Signature of Applicant

SHADI GHAITH

Printed Name of Applicant

Address: 2 BLUE SLIP APT 25C  
BROOKLYN, N.Y. 11222

Telephone: (347)-768-1752

Email: Viralbeastmedia@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF New York

COUNTY OF Kings

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this 02 day of April, 2021 by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

 My commission expires: \_\_\_\_\_

**CONSTANTINOS KOMINOS**  
Notary Public, State of New York  
Reg. No. 01K06180349  
Qualified in New York County  
Commission Expires 01/07/20

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

**SHADI GHAITH INC.**  
2 BLUE SLIP UNIT 25C  
BROOKLYN, N.Y. 11222  
(347)-768-1752

### **CONTRACT FOR SERVICES**

In consideration of **Shadi Ghaith** at **Shadi Ghaith Inc**, having brought to my attention certain undisclosed assets (the "Assets") in which I **Manuel S. Ybanez** has an interest and in consideration of the work performed and Client to be performed by **Shadi Ghaith Inc.** to gather all information regarding the Claim and process the recovery my Assets; I, **Manuel S. Ybanez** do hereby assign to **Shadi Ghaith Inc**, an amount equal to 30% percent) of the net proceeds **Shadi Ghaith Inc** recovers on my behalf now and in the future for this one Claim only (the "Fee"), subject to the following conditions:

- **Shadi Ghaith Inc** is obligated to pay all expenses to process and prove my Claim and I will not have.
- to advance any money toward that effort.
- **Shadi Ghaith Inc** is authorized to retain the services of an attorney to represent **Shadi Ghaith Inc** only (not me)

at no additional cost to me beyond the Fee to prove and process my Claim and to collect all Assets due to me. It is acknowledged that all Assets recovered shall be deposited into and disbursed from **Shadi Ghaith Inc's** business account.

- If no Assets are recovered, **Shadi Ghaith Inc** will receive nothing and I will owe nothing.
- **Shadi Ghaith Inc** is further authorized and directed to act as my sole and exclusive Agent to process
- this Claim and collect any Assets due me regarding this Claim, and I agree to execute a Limited Power of Attorney appointing **Shadi Ghaith Inc** as my and exclusive Agent under said Power of

Attorney to pursue, process and recover any and all Assets related to this Claim. I also agree to promptly execute and deliver to **Shadi Ghaith Inc** any other documents and or information

requested by **Shadi Ghaith Inc** reasonably necessary to process the Claim and recover the Assets.

- **Shadi Ghaith Inc** may cancel this agreement if a[er further investigation, **Shadi Ghaith Inc** reasonably.

- determines this Claim does not appear to have merit. In the event of any such cancellation, **Shadi Ghaith Inc** and I shall be relieved thereby off any further responsibilities under this Agreement. I may cancel this Agreement only a[er the expiration of twelve (12) months from the date of this Agreement if no Assets have been recovered by that me.
- This Agreement shall be interpreted in accordance with the law of the State of New York and in the event of any dispute regarding or breach of this Agreement, the sole and exclusive venue for the resolution of any such dispute or breach shall be in a court of competent jurisdiction in Kings County, NY STATE.

Dated this 04 day of 02, 2021.

Manuel S. Ybanez

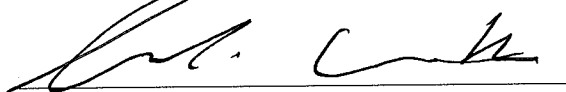
SS

  
Signature



**CONSTANTINOS KOMINOS**  
Notary Public, State of New York  
Reg. No. 01KO6180349  
Qualified in New York County  
Commission Expires 01/07/20

**SHADI GHAITH INC.**



Signature

By: Shadi Ghaith/Owner

Cell: (347)-768-1752

Email: Viralbeastmedia@gmail.com

## LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I **Manuel S. Ybanez**, undersigned, do hereby grant a limited and specific power of attorney to **Shadi Ghaith** of **Shadi Ghaith Inc** as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on behalf.

1. File application for payment of unclaimed.

The authority shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in its discretion deem advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in fact until in receipt of actual notice of revocation.

My said attorney in fact and Agent, full authority and power to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to the Assets as fully as I might or could do if personally present, including but not limited to any request by the Shadi Ghaith Inc. as my Agent or the Shadi Ghaith Inc's Attorney-at-Law to the then holder of the Assets for the direct transmission to and receipt of the Assets paid to Shadi Ghaith Inc. and later disbursement to me in accordance with the outstanding Agreement between the Agent and me.

This Power of Attorney will cease twelve (12) months from date hereof.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 04 day of 02, 2021, and I direct that photographic copies of this Limited Power of Attorney be made, which shall have the same force and effect as an original.

Signed this 04 day of 02, 2021.



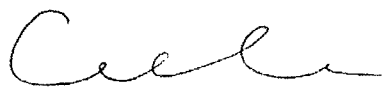
*Manuel S. Ybanez*

SUBSCRIBED AND SWORN TO BEFORE ME this 04 day of 02, 2021.

County of Kings  
State of NY

Date of Commission Expires:

\_\_\_\_\_



Notary Public

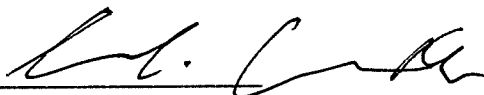
**CONSTANTINOS KOMINOS**  
Notary Public, State of New York  
Reg. No. 01KO6180349  
Qualified in New York County  
Commission Expires 01/07/20

## CERTIFICATE OF LLC RESOLUTION

The undersigned Owner of SHADI GHAITH INC, an S CORP duly organized under the laws of Delaware (hereinafter, "The S CORP"), hereby certify that the following resolutions were duly adopted by said Owner of the CORP on January 6, 2011 and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that SHAD GHAITH is hereby authorized and directed for and on behalf of The LLC to execute all legal documents as approved by her as being in the best interest of the LLC; and to take any and all further actions which may be necessary or appropriate to commence and complete said construction in such a manner as being, in her opinion, in the best interest of the S CORP.

IN WITNESS WHEREOF, the undersigned has executed this instrument as of the 04 day of 02, 2021

  
Shadi Ghaith

Date: 04/02/21

SUBSCRIBED AND SWORN TO BEFORE ME this 04 day of 02,  
20 21, in the County of Kings, State of NY.

  
Signature of Notary Public

Date Commission Expires:             
CONSTANTINOS KOMINOS  
Notary Public, State of New York  
Reg. No. 01KO6180349  
Qualified in New York County  
Commission Expires 01/07/20

**SHADI GHAITH INC.**  
2 BLUE SLIP UNIT 25C  
BROOKLYN, N.Y. 11222  
(347)-768-1752

### **NOTICE OF ASSIGNMENT**

For good and valuable consideration, the undersigned, Manuel S. Ybanez ("Assignor"), hereby, assigns, conveys and transfers over and unto Shadi Ghaith Inc. ("Assignee"), any and all right, title and interest in and to the below referenced funds.

The Assigned funds:

Debtor:

Manuel S. Ybanez

Court: United States Bankruptcy Court-Eastern District of Washington  
Case Number: 16-02182

Chapter: 13

Unclaimed Amount: \$51,870.00  
Precent Fee: 30%

FUNDS ARE BEING ASSIGNED "AS-IS, WHERE-IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this notice of assignment to be executed as of the 04, 02, 2021.

**Manuel S. Ybanez, Assignor**




Client Signature

**Shadi Ghaith, Assignee**



Signature



CONSTANTINOS KOMINOS  
Notary Public, State of New York  
Reg. No. 01K06180349  
Qualified in New York County  
Commission Expires 01/07/20



DATE: 04/01/21

## ENGAGEMENT LETTER

Manuel S. Ybanez

Case: 16-02182

Dear Mr. Ybanez:

This Engagement Letter ("Letter"), dated 04/02/21, confirms the services requested by Manuel S. Ybanez ("Client") and provided by Shadi Ghaith Inc. ("Service Provider").

The services provided under this Letter are as follows:

To recover unclaimed funds from the U.S. Bankruptcy Court to the client.

The fees charged for providing the services are: (check one)

☐ - \$ - - / Hour.

X - Other: 30% of unclaimed funds amount \$51,870.00

The primary contact for the Client in regard to the services mentioned in this Letter shall be the following:

Individual's Name: Manuel S. Ybanez

Phone: (716) 507-3611

Under this Letter, the services shall be terminated under the following: (check one)

☐ - On the end date of \_\_\_\_\_, 20\_\_\_\_.

x - Upon completion.

☐ - Written notice by either party of \_\_\_\_ day(s).

The Client shall always be required to provide accurate information to the Service Provider in a timely manner. If any information produced by the Client is not accurate the Service Provider shall be held harmless from any legal, financial, or other liability as a result of such information.

IN WITNESS WHEREOF, the Client and Service Provider agree to the terms and conditions contained in this Letter.

Client's Signature



Date


04/02/21

Service Provider's Signature



Date

04/02/21

  
CONSTANTINOS KOMINOS  
Notary Public, State of New York  
Reg. No. 01KO8180349  
Qualified in New York County  
Commission Expires 01/07/20